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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/539,558
Filing Date	June 17, 2005
First Named Inventor	Yitzhak Hillman
Art Unit	1654
Examiner Name	Koser
Attorney Docket Number	HILLMAN1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR


☐ I hereby appoint the practitioners associated with the Customer Number:☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

OR

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	YITZCHAK HILLMAN		
Date	5TH JUNE 2008	Telephone	972-2-6542052

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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